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**Data Quality Audit Report for Latkings Outreach Programme,
Southern Africa HIV and AIDS Information Dissemination
Service, Pride Community Health Organisation, Luanshya
Support Group and Action for Social Development Foundation
Quarter 1 (Jan- Mar 2014), March 2014**

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1. Introduction

The Communications Support for Health (CSH) project supports the Government of the Republic of Zambia in implementing national health communication campaigns, including a large scale HIV prevention campaign called Safe Love. In order to roll out the campaign effectively, CSH engaged five civil society organisations (CSOs) at the beginning of 2012 to implement campaign activities at the community level. These five CSOs were awarded six-month contracts each to implement Safe Love outreach activities in different communities across the country. In 2013, CSH re-engaged the five CSOs to strengthen the health communication amongst community members who are in the target population for the Safe Love campaign.

CSH is required to conduct quarterly data quality assessments (DQAs), an exercise in which all programme performance data presented to USAID are routinely assessed for completeness, timeliness, availability, and accuracy.

This report provides results of the DQAs conducted with the five Safe Love CSOs: Latkings Outreach Programme, Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), and Pride Community Health Group, Luanshya Support Group (LSG) and Action for Social Development Foundation (ASDF), which are supporting the second-phase rollout of the Safe Love campaign.

2. Objectives of the DQA Exercise

The DQA exercise had two main objectives:

1. To assess the quality of the data reported to CSH in terms of its accuracy, completeness, timeliness, and availability; and
2. To assess the data recording and reporting systems and processes.

3. Methodological Approach

3.1. Process for the Audit

The DQA was conducted with all five HIV CSOs: SAfAIDS, Latkings, Pride, LSG and ASDF. SAfAIDS has central offices in Lusaka, although it implements activities in Central province in Mkushi, Kabwe, and Kapiri Mposhi districts. Latkings has offices in Lusaka and operates in Lusaka district, while Pride is located in Lusaka province and operates in Kafue district. ASDF has central offices within Luapula province and implements activities in Mansa, Kawambwa, and Samfya districts, while Luanshya is located in Copperbelt province and operates within Luanshya district. The DQA was conducted between 10 and 19 March 2014.

The DQA involved the following actions:

- Review the overall scope of work for the CSO contracts in order to clarify the set of indicators to be covered by the CSO;
- Perform a preliminary review of the data submitted to CSH over the two-month implementation period; and
- Conduct a data verification exercise to assess the completeness, timeliness, availability, and accuracy of the data reported to CSH.

3.2. Reference Period for the Audit

The DQA process focused on reviewing data collected during the months of January and February 2014.

3.3. Selected CSOs for the Audit

By alternating the CSOs and sub-grantees participating in DQAs on a quarterly basis, CSH ensures that each CSO/sub-grantee receives an audit at least once a year. For the quarter covering January through March 2014, CSH audited the five CSOs working on implementing activities under the Safe Love campaign.

3.4. Indicators Selected for the Audit

During this audit, three indicators were selected for review. The three indicators below provide CSH with data to assess the performance of the CSOs in line with agreed contract deliverables and offer data for reporting on the President's Emergency Plan for AIDS Relief indicators:

1. Number of target population members reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required;
2. Number of target population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness and are based on evidence and/or meet the minimum standards required; and
3. Number of males reached with voluntary medical male circumcision (VMMC) messages as part of demand creation.

3.5. Definition of Terms

For the DQA exercise, the four data quality terms were defined as follows:

1. Accuracy—the reported numbers on indicators of interest are equal to the verified numbers;
2. Availability—reports were physically accessible at the time of the DQA;
3. Timeliness—reports were submitted on the date that was agreed upon by the CSO and its remote sites and between the CSO and CSH; and
4. Completeness—reports covered the reporting period being audited and were submitted in the correct format (using CSH data collection and reporting forms), covered all relevant indicators as provided by CSH, and were signed off on by people submitting to the CSO and CSH.

4. Findings of the DQA

4.1. Latkings

4.1.1 Staffing Levels and Responsibilities

Latkings has four coordinators at the central office level who help with data verification, aggregation, and reporting. Also, the organisation has a Data Entry Officer who enters the data into an electronic database, generates reports for donor reporting, and compiles other reports for programme management.

4.1.2 Recording and Reporting Systems and Processes

The facilitators, 25 in total, are the primary data collectors in the field. In a given month, they collect data on all activities using the forms provided by CSH and submit them to the coordinators at the central level on the 25th day of every month. After the coordinators verify and check the data for errors, they send the data to the next level—the data entry office—for inclusion into an electronic database. The findings showed that data verification is mainly done by the coordinators; however, the database also does validation checks to further assess the data for errors and inconsistencies.

The findings showed that the Executive Director is the designated person who signs off on the final report that is submitted to CSH.

4.1.3 Data Verification Process for Latkings

Table 1: Accuracy of Reporting (Variance Analysis) by Indicator—Latkings

No.	Indicator	Month	Reported	Verified	Variance
1	Number of the targeted population members reached with individual and/or small	Jan	7,868	7,868	0

No.	Indicator	Month	Reported	Verified	Variance
	group-level preventive interventions that are based on evidence and/or meet the minimum standards required	Feb	5,473	5,473	0
2	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness, and are based on evidence and/or meet the minimum standards required	Jan	1,847	1,847	0
		Feb	961	961	0
3	Number of males reached with VMMC messages as part of demand creation	Jan	1,747	1,743	-4
		Feb	1,188	1,188	0

Table 1 shows data that were collected from the various implementation sites across Lusaka, aggregated, and reported to CSH. The last two columns in the table report on the results of the audit, showcasing if the results were verified by records and if there were any differences (referred to as variance) in the numbers reported versus the numbers verified by record. As depicted in Table 1, the data verification processes demonstrated that for indicators 1 and 2, there were no differences between the verified results and the reported results. However, there was a small variance found for the verified versus reported results for indicator 3 for the month of January, which implies that the number of males reached with VMMC messages as part of demand creation was overreported by four. The audit established that this was mainly due to the CSOs' numerical calculation errors. This means the figure was overreported to CSH at the time of reporting.

4.1.4 Results on Availability, Timeliness, and Completeness

Table 2: Summary of Data Availability, Timeliness, and Completeness of Reports—Latkins

Indicator	Jan	Percent	Feb	Percent
Total number of reports expected	25		25	
Number of reports available (availability)	25	100%	25	100%
Number of reports submitted on time (timeliness)	25	100%	25	100%
Number of complete reports (completeness)	25	100%	25	100%

Table 2 provides a summary on data availability, timeliness, and completeness of reports from Latkings. On a monthly basis, Latkings expects to receive a total of 25 reports from the facilitators implementing activities for the Safe Love campaign. In January and February, all 25 sites submitted their reports on time and all of these reports were complete.

4.1.5 Recommendations

Overall, there has been tremendous improvement in data management by Latkings over the course of their contract. The only recommendation is that they double check their work and the results they receive from the facilitators before submitting reports to CSH.

4.2. Pride Community Health Organisation

4.2.1 Staffing Levels and Responsibilities

Pride has one staff member, a Monitoring, Evaluation, and Planning Manager who is in charge of monitoring and evaluation (M&E) at the central level. This person oversees data verification, aggregation, and reporting. The Programme Manager and two other coordinators also provide support to the Monitoring, Evaluation, and Planning Manager in verifying the data.

4.2.2 Recording and Reporting Systems and Processes

Pride has 25 facilitators who collect data on a daily basis. These facilitators collect data on all activities under the Safe Love campaign. On a monthly basis, the facilitators submit their reports to the coordinators at the central level for further verification. The coordinators then submit the reports to the Monitoring, Evaluation, and Planning Manager for data

collation and reporting to CSH, using reporting templates provided by CSH. The final report is checked and approved by the Executive Director before being sent to CSH.

Data processing, including reporting, currently is done manually, as the organisation does not have an electronic database in place.

4.2.3 Data Verification Process for Pride

Table 3: Accuracy of Reporting (Variance Analysis) by Indicator—Pride

No.	Indicator	Month	Reported	Verified	Variance
1	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	Jan	2,670	2,670	0
		Feb	3,910	3,910	0
2	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness and are based on evidence and/or meet the minimum standards required	Jan	1,327	1,327	0
		Feb	1,726	1,726	0
3	Number of males reached with VMMC messages as part of demand creation	Jan	57	57	0
		Feb	0	0	0

Table 3 shows data that were collected from the 25 different implementation sites served by Pride. The data were then aggregated and reported to CSH. Table 3 presents indicator values for the months of January and February. As depicted in Table 3, the data verification

process demonstrated that for indicators 1, 2, and 3, there were no differences between verified results and reported results.

4.2.4 Results on Availability, Timeliness, and Completeness

Table 4: Summary on Availability, Timeliness, and Completeness of Reports—Pride

Indicator	Jan	Percent	Feb	Percent
Total number of reports expected	25		25	
Number of reports available (availability)	25	100%	25	100%
Number of reports submitted on time (timeliness)	25	100%	25	100%
Number of complete reports (completeness)	25	100%	25	100%

Table 4 provides a summary on data availability, timeliness, and completeness of reports from Pride. In a given month, Pride is expected to receive a total of 25 reports. The 25 reports were available for both January and February at the time of the audit, were all submitted on time, and were all complete.

4.2.5 Recommendations

Based on the results from the audit, CSH does not have any recommendations for improvement. Pride should continue with its current processes for data collection and management.

4.3. SAfAIDS

4.3.1 Staffing Levels and Responsibilities

SAfAIDS has two Programme Officers at the central level who help with data verification aggregation and reporting. Two part-time Data Entry Officers enter the data into an electronic database, as well as generate reports for donor reporting and compile other reports for programme management.

4.3.2 Recording and Reporting Systems and Processes

SAfAIDS has the largest pool of facilitators, totaling 30. They operate in Central province. They are the primary data collectors on activities under the Safe Love campaign. Once the facilitators collect the data, they are forwarded to the district coordinators, who in turn photocopy all the reports, keeping a copy for the site, and then send a photocopy to SAfAIDS central level for data aggregation and reporting to CSH.

After the data have been verified and checked for errors by the Programme Officers, they are sent to the next level for entry into an electronic database. This database is well developed and helps to supplement the data verification process by way of a built-in validation system used to trace errors and inconsistencies in the data.

The findings showed that the Executive Director and the Senior Programme Officer signed off on the final report that is submitted to CSH on a monthly basis.

4.3.3 Data Verification Process for SAfAIDS

Table 5: Accuracy of Reporting (Variance Analysis) by Indicator—SAfAIDS

N o.	Indicator	Month	Reported	Verified	Variance
1	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	Jan	14,225	11,392	-2,833
		Feb	10,533	12,422	+1,889
2	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness, and are based on evidence and/or meet the minimum standards required	Jan	0	0	0
		Feb	0	0	0

N o.	Indicator	Month	Reported	Verified	Variance
3	Number of males reached with VMMC messages as part of demand creation	Jan	200	163	-37
		Feb	238	238	0

Table 5 shows data that were collected from 30 implementation sites under SAFAIDS, aggregated, and reported to CSH. There were variances observed during the audit. For example, indicator 1 3 was overreported in January by 2,833, and it was underreported in February by 1,889. Indicator 3, which collects information on the number of males reached with VMMC messages as part of demand creation, was overreported in January by 37. The overreporting was due to numerical calculation errors, while the underreporting was mainly attributed to some sites not submitting their reports on time due to logistical problems and errors emanating from lost records during the process of data aggregation. Part of this problem could be that the 30 implementation sites are run by subcontracted community-based organisations (CBOs) with little ownership of the data.

With respect to indicator 2, which measures the number of targeted population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness, the CSO did not have any data to report during the selected time period.

4.3.4 Results on Availability, Timeliness, and Completeness

Table 6: Summary on Availability, Timeliness, and Completeness of Reports—SAfAIDS

Indicator	Jan	Percent	Feb	Percent
Total number of reports expected	60		60	
Number of reports available (availability)	60	100%	60	100%
Number of reports submitted on time (timeliness)	18	30%	18	30%

Number of complete reports (completeness)	60	100%	60	100%
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Table 6 provides a summary on data availability, timeliness, and completeness of reports from SAfAIDS. In a given month, SAfAIDS expects to receive a total of 60 reports from three districts. At the time of the audit, 60 reports were available. However, during the same period, only 30 percent of the reports were received on time.

4.3.5 Recommendations

The audit showed that data from the 30 district coordinators are compiled and sent to the SAfAIDS central office. However, local persons who are employed by the CBOs are consistently sending in the data late.

It is, therefore, strongly recommended that

- SAfAIDS should employ district coordinators to compile summary reports in line with CSH reporting requirements. This needs to be considered seriously, as timeliness of reporting continues to be an issue with the organisation.
- SAfAIDS should come up with a system of ensuring that data are rigorously reviewed and align with the indicator definitions before they are aggregated and reported to the next level. This will help to reduce numerical calculation errors, which were noted during the audit.
- SAfAIDS should provide sufficient logistical support to the sites to ensure that all site reports are received on time.

4.4 LSG

4.4.1 Staffing Levels and Responsibilities

LSG has two officers at the central level who work in M&E and programming and help with data verification, aggregation, and reporting. The M&E Officer is responsible for entering the data into an electronic database, generating reports for donor reporting, and compiling other reports for programme management.

4.4.2 Recording and Reporting Systems and Processes

The facilitators, 50 in total at the time of the audit, are the primary data collectors in the field. In a given month, they collect data on all activities using the forms provided by CSH and submit them to the coordinators at the central level on the 25th day of every month. After the coordinators have verified and checked the data for errors, they send the data to the next level for entry into an electronic database. The findings showed that data

verification is mainly done by the Programme Officer. The findings showed that the Director is the designated person who signs off on the final report that is submitted to CSH.

4.4.3 Data Verification Process for LSG

Table 7: Variance Analysis by Indicator—LSG

N o.	Indicator	Month	Reported	Verified	Variance
1	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	Jan	4,282	5,246	+964
		Feb	4,480	5,238	+758
2	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness, and are based on evidence and/or meet the minimum standards required	Jan	537	265	-272
		Feb	694	501	-193
3	Number of males reached with VMMC messages as part of demand creation	Jan	8	8	0
		Feb	100	100	0

The table above shows data that were collected from 50 facilitators from different implementation sites in Luanshya, aggregated, and reported to CSH. As depicted in Table 7, the data verification process demonstrated that for indicators 1 and 2, there were differences between verified results and reported results in both January and February. For indicator 1, there was an underreporting of 964 in January and 758 in February, and for indicator 2, there was an overreporting in January by 272 and February by 193. The audit

established that this was mainly due to numerical calculation errors. There were no differences observed for indicator 3.

4.4.4 Results on Availability, Timeliness, and Completeness

Table 8: Summary of Data Availability, Timeliness, and Completeness of Reports—LSG

Indicator	Jan	Percent	Feb	Percent
Total number of reports expected	50		50	
Number of reports available (availability)	50	100%	50	100%
Number of reports submitted on time (timeliness)	50	100%	50	100%
Number of complete reports (completeness)	50	100%	50	100%

In January and February 2014, all of the 50 expected reports were available, complete, and submitted on time.

4.4.5 Recommendations

Based on the results and difference reported in the data, CSH strongly recommends that LSG come up with a system of ensuring that data are rigorously reviewed and align with the indicator definitions before they are aggregated and reported to the next level. This will help to reduce numerical calculation errors, which were noted during the audit.

4.5 ASDF

4.5.1 Staffing Levels and Responsibilities

ASDF has one staff member, an M&E Officer, who is responsible for M&E at the central level. This person is responsible for data verification, aggregation, and reporting. The Executive Director and four other coordinators also provide support to the M&E Officer.

4.5.2 Recording and Reporting Systems and Processes

ASDF has 45 club facilitators who are responsible for data collection on a daily basis. These facilitators collect data on all activities under the Safe Love campaign. On a monthly basis, the facilitators submit their reports to the coordinators at the central level for further verification and onward transmission to the M&E Officer for data aggregation and reporting

to CSH using the reporting currently done manually, as the organisation does not have an electronic database in place.

4.5.3 Data Verification Process for ASDF

Table 9: Variance Analysis by Indicator—ASDF

N o.	Indicator	Month	Reported	Verified	Variance
1	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required	Jan	5,691	5,691	0
		Feb	5,397	4,412	-985
2	Number of the targeted population members reached with individual and/or small group-level preventive interventions that are primarily focused on abstinence and/or faithfulness, and are based on evidence and/or meet the minimum standards required	Jan	300	2,566	+2,266
		Feb	415	1977	+1,562
3	Number of males reached with VMMC messages as part of demand creation	Jan	400	400	0
		Feb	505	455	-50

The table above shows data that were collected from 90 implementation sites served by ASDF; the data were then aggregated and reported to CSH.

As depicted in Table 9, the data verification processes demonstrated that for all the indicators, there were differences between verified results and reported results. The data show that indicator 1 was overreported by 984 in February. Indicator 2 was underreported by 2,266 in January and 1,562 in February, respectively. Indicator 6 was overreported by 50

during February. The audit established that these errors were mainly due to numerical calculation errors.

4.5.4 Report on Availability, Timeliness, and Completeness

Table 10: Summary on Availability, Timeliness, and Completeness of Reports

Indicator	Jan	Percent	Feb	Percent
Total number of reports expected	90		90	
Number of reports available (availability)	90	100%	90	100%
Number of reports submitted on time (timeliness)	90	100%	90	100%
Number of complete reports (completeness)	90	100%	90	100%

In a given month, ASDF is expected to receive a total of 90 reports. All 90 reports were the available at the time of the audit, were submitted on time, and were complete.

4.5.5 Recommendations

Based on the results of the audit, CSH strongly recommends that ASDF come up with a system of ensuring that data are rigorously reviewed and align with the indicator definitions before they are aggregated and reported to the next level. This will help to reduce numerical calculation errors, which were noted during the audit, and misunderstanding.

5. Conclusion

The DQA provided insight into the partners' M&E systems that are used to collect, process, and report data to CSH. The DQA also acted as a capacity-building exercise, since feedback was given to the CSOs immediately after the exercise. In addition, the DQA provided an opportunity for CSH to understand where the CSOs are finding difficulties in providing data in the forms that are required by CSH.

6. Way Forward

In view of the above-mentioned issues, CSH will ensure that the following actions are completed:

- Work with the respective CSOs and have them resubmit the data,
- Help the CSOs come up with Excel spreadsheets for aggregating the data accurately, and
- Review the indicator dictionary with CSOs.